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	REQUEST TRANS Submit an original, and a duplicate		CHECK BOX, if applituable:
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OTTE	OORESS TO:	Attorney Docket No. Of Prior Application	520.37710X00
- 2 1 N	Assistant Commissioner for Patents	First Named Inventor	HIRATA, KOJI
SEP Z + D	Box CPA Washington, DC 20231	Examiner Name	C. Mahoney
Eur.	side.	Group Art Unit	2851
TRADE		Express Mail Label No.	\(\lambda \)
(c	his is a request for a		578 filed on October 5, 1999, entitled
		NOTES	`
50 C-	ate of the prior application. See "Request for Continued Examin. 0092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (March 2014). In PRIOR PERMITTED: A continuation-in-part application cannot	ation Practice changes to and Pro D, 2000), 1233 Off. Gaz. Pat. Office be filed as a CPA under 37 CFR	e (April 11, 2000). 1.53(d), but must be filed under 37 CFR 1.53(b).
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01 FC:131	740.00 GP
02 FC:102	252.00 OP
03 FC:103	72.00 OP
04 FC:122	130.00 OP



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CLAIMS	(1) FOR	(2) NUMBER FILED	(3	3) NUMBER EXTRA	(4) RA	ATE	(5) CALCULATION	ONS
	TOTAL CL (37 CFR 1	AIMS .16(b) or (j))	24-20*	=	4	×	<\$18 =	至2.00	32
:		DENT CLAIMS .16(b) or (i))	6-3**	=	3		\$84 =	\$252.000	CE)
	MULTIPLE DEPENDENT CLAIMS (IF APPLICABLE) (37 CFR 1.16 =					=	<u> </u>	T	
	BASIC FEE (37 CFR 1.16)				\$740,00				
:	Total of above Calculations =				ations =	\$1,06460			
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).						_		
			20 and over original pate over original patent.	nt.				\$1,064.00	
7. T D a b c. 8. D	☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 01-2135. a. ☐ Fees required under 37 CFR 1.16. b. ☐ Fees required under 37 CFR 1.17. c. ☐ Fees required under 37 CFR 1.18. ☐ A check in the amount of \$ is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.								
10. i≥	Applicant requests suspension of action under 37 CFR 1.103(b) for a period of three (3) months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.								
11.	New Attorney Docket Number, if desired 520.37710CX1. [Prior application Attorney Docket Number will carry over to this CPA <u>unless</u> a new Attorney Docket Number has been provided herein.]								
	a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)								
	b. 🖾 Return Receipt Postcard (Should be specifically itemized, See MPEP 503) Other: Petition for Extension of Time.								
The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.									
			14. NEW CORRES	SPOND	ENCE ADDRESS				
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Address			т	State		- г	Zin Code		
City			phone	(703) 312-6600		Zip Code Fax	(703) 312-66		
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15. SIGNA	ATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
Name	Melvin Kraus
Signature	aud hun
Registration No. (Attorney/Agent) Date	22,466
	September 23, 2002